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4 **UNITED STATES DISTRICT COURT**  
5 **DISTRICT OF NEVADA**

6 LEONARD GATHRIGHT,

7 Plaintiff,

8 v.

9 GRETТА PHILLIPS, et al.,

10 Defendants.  
11

3:19-cv-00487-MMD-CSD

**ORDER**

12  
13 Pursuant to the court's order of March 22, 2022 (ECF No. 45), the Attorney General's  
14 Office filed the correct last known address of Defendant Gretta Phillips. (ECF No. 49.)

15 **IT IS HEREBY ORDERED** that the Clerk shall **re-issue** a summons for  
16 **Gretta Phillips** and send the same to the U.S. Marshal with the address provided under seal  
17 (ECF No. 49). The Clerk shall also send a copy of the complaint (ECF No. 8), this order, and  
18 the attached USM-285 form to the U.S. Marshal for service on the Defendant.

19 **IT IS FURTHER ORDERED** that proof of service as to Defendant Phillips is extended  
20 to and including **Friday, April 6, 2022**.

21  
22 DATED: March 31, 2022.

23   
24 \_\_\_\_\_  
UNITED STATES MAGISTRATE JUDGE

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF <b>Leonard Gathright</b>		COURT CASE NUMBER <b>3:19-cv-487-MMD-CSD</b>	
DEFENDANT <b>Gretta Phillips, et al.</b>		TYPE OF PROCESS <b>42 U.S.C. § 1983</b>	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Gretta Phillips</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>UNDER SEAL</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<div style="border: 1px solid black; padding: 5px;"> <b>Leonard Gathright, #95054</b>  <b>PO Box 7000</b>  <b>Cason City, NV 89702</b> </div>		Number of parties to be served in this case	<b>1</b>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service);

Fold

Defendant's address filed under seal

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00